

16. The injection of the tincture into the veins is immediately fatal. It induces an entirely peculiar coagulation of the blood, incapable of being confounded with any other pathological or spontaneous coagulation. 17. Nevertheless, this medicinal substance cannot, when applied to a bleeding surface, be carried in substance into the torrent of the circulation, unless, indeed, venous orifices be maintained open by adhesions. It is absorbed in the state of an alkaline iodide, and may be found in such a state of combination in the blood and urine. The amount ordinarily absorbed exerts no ill effect upon the economy.—*Brit. and For. Med.-Chirurg. Rev.*, Oct. 1857, from *Presse Méd. Belge*, 1857, Nos. 17-24.

36. *Amputation at the Knee-Joint, leaving the Articular Surface entire.*—Mr. LANE communicated to the Western Medical and Surgical Society (Oct. 23, 1857) some remarks on this operation. He advocated its adoption in all cases where the disease was confined to below the joint in preference to the more common practice of removing the femur at its lower third. Mr. Lane stated that he had, for the first time in England, performed this operation about five weeks ago, and exhibited the subject to the members. It had been performed in Glasgow in 1847 once, and in the Crimea seven times, in three of which the patient recovered. It had been performed eighteen times in America, with five deaths; and twenty-eight times on the Continent, with twelve deaths; giving a percentage of 31 deaths, whilst that from amputation of the thigh was about 43½: hence the recommendation of the present plan. He described the operation, recommending a large anterior flap to be made in front of the joint down to the insertion of the ligamentum patella, which was to be turned up and the knife carried through the joint, and a small posterior flap to be then made, so that in healing it would draw the anterior flap over the articular surface, the cicatrix being then behind the joint. The advantages of this plan were apparent in the decreased mortality, and in the after usefulness which would arise from the stump being capable of bearing the pressure of the body better than does the divided femur. Mr. Syme and Mr. Fergusson had recommended a similar operation, but it differed in the removal of the articular surface, and in the recommendation to make a large posterior flap, which was objectionable on account of the tissues of the calf being unaccustomed to pressure and unfit for the proposed work.—*Lancet*, Nov. 7, 1857.

37. *Results of the Operation of Tracheotomy performed for Croup at the Children's Hospital, Paris, during the Year 1856.*—The *Bulletin de Thérapeutique* (May 30, 1857) contains an extremely instructive table respecting tracheotomy in croup, taken from the thesis of M. ANDRÉ, late house-physician (interne) of the Children's Hospital:—

AGE.	NO. OF PATIENTS.	DEATHS.		RECOVERIES.	
		Boys.	Girls.	Boys.	Girls.
From 15 months to 2 years .	6	2	4	...	...
" 2 years to 3 years .	9	4	3	2	...
" 3 " 4 " .	13	5	4	4	...
" 4 " 5 " .	11	6	3	1	1
" 5 " 6 " .	6	3	1	1	1
" 6 " 6½ " .	3	1	1	...	1
" 7 years . . . . .	2	...	1	...	1
" 8 " . . . . .	2	...	1	1	...
" 9 " . . . . .	1	...	...	1	...
" 9½ " . . . . .	1	...	...	...	1

From this table it appears that many successful cases of tracheotomy have been observed, as nearly one-third of the patients recovered. The most notable success has been obtained with children from nine to nine years and a half old, and then with those children who were from five to six years old. The least satisfactory results were observed from fifteen months to two years, for

here we have six operations and six deaths. All the children under two years are to be found in the column of deaths; and all those who died, except two, were just a little more than two years old. M. André thinks that these facts may be explained by the greater amount of resistance with the older children, both as regards the disease and the operation. He also conceives that debilitating means, as leeches, blisters, &c., should be sparingly used, so as to husband the strength for tracheotomy.

38. *Treatment of Hemorrhoids*.—Dr. VAN HOLSBECK recommends the following formula as of remarkable efficacy in the various forms of hemorrhoids, providing that these are uncomplicated: R. Sulphuri loti, sacchari canarini, of each ʒj; ext. strychn. nux vom., gr. vj. To be mixed with a sufficient quantity of tragacanth so as to form twenty-four lozenges. Of these two are to be taken the first day, the number being increased by one every day, until six are taken daily. The patient is then to keep at that number during four days, when he is to diminish it gradually until only two are again taken daily. If a radical cure is not by this time effected, he must follow the same course again. The amendment is, however, usually so rapid that the treatment at farthest lasts a week.—*Brit. and For. Med.-Chirurg. Rev.*, Oct. 1857, from *Presse Méd. Belge*, 1857, No. 22.

39. *The Present State of Surgical Science in reference to Cancer and its Treatment*.—Mr. HIRD read before the Medical Society of London (Oct. 10th) a paper on this subject. It was not his intention, the author observed, to enter into a detailed report of individual cases treated by the escharotic applications which of late have been revived by many members of the profession besides himself, but to inquire whether recent experience has shown that we can control the progress of this destructive disease with more certainty, and on sounder surgical principles, than our predecessors were enabled to do. The questions whether carcinoma ever originates and continues as a local disease; whether it ever spontaneously disappears without the interference of art; whether a tumour, originally innocent in its character, is susceptible of cancerous transformation; whether it possesses anatomical, chemical, physiological, and pathological characters, by which we can infallibly distinguish it from other growths, which we are unable to do by the senses of sight and touch; whether, even supposing the constitution to be affected, the ablation of the local disease may not arrest or retard its fatal course; whether removal ever accelerates it by bringing into activity a force which previously had lain dormant in the system; whether we possess remedial agents, by which we can retard or resolve the disease, he considers, embrace subjects of vital consequence, on the solution of which the life of the patient, the truths of science, and the reputation of the surgeon depend. In his observations on the forms of cancer, the author included the epithelial variety along with the encephaloid, scirrhus, and colloid, and objected to its removal from the cancerous group, although it has less tendency to contaminate the lymphatic glands and the system generally than the other three forms of cancer, and differs slightly in its histological elements. After briefly reviewing the important subjects embraced in the origin and development of cancer, in which the preceding questions were answered so far as the present state of science would admit, he proceeded to discuss the treatment. In this section the author dwelt on the means of arresting cancerous growths by medicinal agents, and contrasted the comparative advantages of removing the local disease by caustics and the knife. In reference to medicines, the author believed that if any remedy possessed a power of retarding the progress of the disease, it was arsenic, which he administered with cod-liver oil, and has not found the latter objectionable, on the ground of animal oils tending to encourage the fatty matters in the system, on which cancerous formations are supposed to feed. Arsenic as a preventive of secondary formations after removal of the local disease, he (Mr. Hird) had great confidence in, and in combination with iodine it was strongly recommended by the late Dr. Anthony Todd Thompson; Dr. Copland and the late Mr. Hill witnessed great advantages from its use. The great question of